



State of Rhode Island

Department of State - Business Services Division

Application for Certificate of Authority

FOREIGN Business Corporation

→ Filing Fee: \$310.00 minimum

RECEIVED
R.I. DEPT. OF
BUS. SVCS.
2023 JAN 20 A 11:28

Pursuant to the provisions of RIGL 7-1.2-1405, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the corporation is: HPHC INSURANCE COMPANY, INC.		
2. It is incorporated under the laws of: MASSACHUSETTS		
3. The name, if different, which it elects to use in Rhode Island is: (a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation", "company", "incorporated", or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island: (b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:		
4. The date of its incorporation is: 9/27/1991 And the period of its duration is: CHECK ONE BOX ONLY <input checked="" type="checkbox"/> Perpetual (on-going) <input type="checkbox"/> Date certain for dissolution _____		
5. The address of its principal office is: 1 WELLNESS WAY, CANTON, MA 02021-1166		
6. The name and address of the initial registered agent/office in Rhode Island: Agent Name CT CORPORATION SYSTEM Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway Ste 7A City/Town EAST PROVIDENCE State RHODE ISLAND Zip Code 02914		

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED 1/20

JAN 20 2023

BY MS SERRA

7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:

PROMOTING THE DELIVERY OF HEALTH CARE SERVICES

8. (a) The names and respective addresses of its directors (optional, unless directors are required under the laws of the state or country of which it is incorporated):

NAME	ADDRESS

Check the box to indicate an attachment ☒

8. (b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the state or country of which it is incorporated):

OFFICE	NAME	ADDRESS
PRESIDENT		
VICE PRESIDENT		
TREASURER		
SECRETARY		

Check the box to indicate an attachment ☒

9. The aggregate number of shares which it has authority to issue; itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

NUMBER OF SHARES	CLASS	SERIES	PAR VALUE OR STATE NO PAR VALUE
50,000	COMMON		\$50.00

10. An estimate, **as a percentage**, of the proportion that the estimated value of the property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located. (Note: Percentage obtained from worksheet.)

0 _____ %

11. An estimate, **as a percentage**, of the proportion of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year compared to the gross amount thereof which will be transacted by the corporation during the following year. (Note: Percentage obtained from worksheet.)

0 _____ %

HPHC INSURANCE COMPANY, INC.

OFFICERS

Cain Hayes
President & CEO
1 Wellness Way, Canton, MA 02021-1166

Umesh Kurpad
Chief Financial Officer
1 Wellness Way, Canton, MA 02021-1166

Mark Porter
Treasurer
1 Wellness Way, Canton, MA 02021-1166

Susan A. Kee
Clerk/Secretary
1 Wellness Way, Canton, MA 02021-1166

DIRECTORS

Cain Hayes
1 Wellness Way, Canton, MA 02021-1166

Umesh Kurpad
1 Wellness Way, Canton, MA 02021-1166

Tisa K. Hughes
1 Wellness Way, Canton, MA 02021-1166

12. This application must be accompanied by a <u>Certificate of Good Standing/Letter of Status</u> from the state or country of formation dated within 60 days of the date of this filing.	
13. Date when the Certificate of Authority will be effective: CHECK ONE BOX ONLY	
<input checked="checked" type="checkbox"/> Date received (Upon filing)	
<input type="checkbox"/> Later effective date (Date must be no more than 90 days from the date of filing) _____	
<i>Under penalty of perjury, I declare and affirm that I have examined this Application for Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.</i>	
Type or Print Name of Authorized Officer Susan Kee	Date 01/09/2023
Signature of Authorized Officer of the Corporation <i>Susan Kee</i>	

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.



COMMONWEALTH OF MASSACHUSETTS
Office of Consumer Affairs and Business Regulation
DIVISION OF INSURANCE

1000 Washington Street, Suite 810 • Boston, MA 02118-6200

(617) 521-7794 • Toll-free (877) 563-4467

<https://www.mass.gov/doi>

CERTIFICATE OF COMPLIANCE

This is to certify that as of October 19, 2022

HPHC Insurance Company, Inc.

NAIC #18975

is duly organized under the laws of the State/Commonwealth of Massachusetts and that it is authorized to transact the business of insurance and issue policies under the sections of Chapter 175 of the General Laws of Massachusetts and amendments thereto described by the following designations:

54BX 54D 6A 6B

DESIGNATION CODES:

1	- Fire	15	- Reinsurance (Reinsurance Companies Only)
2A	- Ocean and Inland Marine	16A	A - Life - All Kinds
2B	- Inland Marine Only	16B	B - Group Life Only
4	- Fidelity and Surety	16C	C - Variable Annuity Authorization
5A	- Boiler	16D	D - Annuities Only
5B	- Boiler (No Inspector)	16E	E - Variable Life Authorization
6A	- Accident - All Kinds	17	- Repair - Replacement
6B	- Health - All Kinds	19	- Legal Services
6C	- Group Accident and Health	20	- Credit Involuntary Unemployment
6D	- Non-Can. Accident and Health	51	- Stock Companies (Extension of Coverage)
6E	- Workers' Compensation	54	- Mutual Companies (Not Specified in Section 47)
6F	- Liability Other Than Auto	54BX	BX - Reinsurance Except Life
6G	- Auto Liability	54BY	BY - Nuclear Energy
7	- Glass	54BZ	BZ - Special Hazards
8	- Water Damage and Sprinkler Leakage	54C	C - Comprehensive M.V. and Aircraft
9	- Elevator Property Damage and Collision	54D	D - Personal Property Floater
10	- Credit	54E	E - Dwellings
11	- Title	54F	F - Commercial Property
12	- Burglary, Robbery, Theft	54G	G - Reinsurance - Life Companies Only
13	- Livestock		

In witness whereof, the Commissioner of Insurance of the Commonwealth of Massachusetts has caused this certificate to be signed and the seal of said Commissioner to be affixed hereto at the city of Boston, this October 19, 2022

Gary D. Anderson
Commissioner of Insurance